

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040287  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10403

STATE FILE NUMBER

FILED NOV 13 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

ST. LOUIS

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

DEACONESS HOSPITAL

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

FRANKLIN

c. CITY  
OR  
TOWN

VILLA RIDGE

Inside Limits

Yes ☐ No ☐d. STREET  
ADDRESS

(If outside, give location)

R.R. # 1

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

LILLIEN

Middle

D.

Last

HANNEKE

4. DATE  
OF  
DEATH

Month

OCT.

Day

29th

Year

1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

AUG. 9, 1895

## 9. AGE (last birthday)

67

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWORK

## 10b. KIND OF BUSINESS OR INDUSTRY

HOUSEWORK

## 11. BIRTHPLACE (City and state or country)

VILLA RIDGE MO

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

LEW STONER

## 13b. MOTHER'S MAIDEN NAME

LOUISE KATZUNG

## 14. NAME OF HUSBAND OR WIFE

JOSEPH HANNEKEN

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

MRS. EVELYN CHOTT

FENTON, MO.

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

## DUE TO (b)

## DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

① Hepatic Failure, and hemorrhage from esophageal varices

→ Cirrhosis of the liver

## INTERVAL BETWEEN ONSET AND DEATH

10/25-10/29/62

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 10/28/62 to 10/29/62 and last saw him alive on 10/28/62  
Death occurred at 1:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

OCT. 31, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

ST. MARY'S CEM.

## 23d. LOCATION (City, town, or county)

VILLA RIDGE, MO.

## 24. FUNERAL DIRECTOR

ADDRESS

OLTMANN FUNERAL HOME

UNION, MO.

## 25. DATE RECD. BY LOCAL REG.

OCT 30 1962

## 26. REGISTRAR'S SIGNATURE

Boat Smith, M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Ralph Altman*

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.